MAIL TO:

Registry of Charitable Trusts P.O. Box 903447

Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS:

http://ag.ca.gov/charities/

2002

REGISTRATION/RENEWAL FEE REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 CCR Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1.

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5	(\bigcirc)	12	Y



		RRF-1 EXTENSIONS WILL NOT BE GRANTED								
Enter S	ter State Charity Registration Number, Name, and Address of Organization Below:				Check if:					
State C	harity Registration Number	00531	13					Change of ad Initial report		
							-	Amended rep	ort	
	ers Aid Society of Sacramen Organization	to, Inc.					<u> </u>	Final report		
	lorin Road, Suite 130			Corporate	e or Ora	anization No).	D-0194887		
	(Number and Street)			•						
Sacram	nento, CA 95822			Federal Employer I.D. No. 94-1167423						
City or To	wn, State and ZIP Code									
PART	A - ACTIVITIES									
1.	During your MOST RECEN \$100,000 or more?	IT FULL ACCO	UNTING PERIOD di	id your gross	s receip	ts or total as	ssets e	equal	Yes	No
	(a) If the answer is yes attach a check in the								nd 312, to	•
2.	For your MOST RECENT F	FULL ACCOUN	TING PERIOD (begi	inning <u>(</u>	7/01/20	002 end	ling	06/30/2003) list:	
	Gross receipts \$		Total assets \$					Estimated	<u>X</u>	
PART	B - STATEMENTS REG	ARDING ORG	ANIZATION DUR	ING THE P	ERIO	OF THIS	REP	ORT		
Note:	If you answer "yes" to an details for each "yes" res	y of the quest sponse. Pleas	ions below, you mu e review RRF-1 Inst	ist attach a tructions fo	separa r inforr	te sheet pr nation requ	ovidir ıired.	ng an explanat	ion and	
									Yes	No
1.	During this reporting period the organization and any o officer, director or trustee h	fficer, director of	or trustee thereof eith							
	,	, 								Х
2.	During this reporting period charitable property or fund		y theft, embezzlemer	nt, diversion	or mist	use of the o	rganiza	ation's		X
3.	During this reporting period, did nonprogram expenditures exceed at least 50% of gross revenues?						Х			
4.	During this reporting period filed a Form 4720 with the				penalty	, fine or jud	gment	? If you		Х
5.	During this reporting period If "yes," provide an attachn	d, were the sen	rices of a professiona name, address, and	al fund-raise telephone n	r or fun umber	d-raising co	unsel e prov	used? vider.		Х
6.	During this reporting period attachment listing the name	d, did the organ	ization receive any g	governmenta	al fundin	ıg? If so, pr	ovide	an	x	
Organiza	Organization's area code and telephone number (916) 399-9646								_	
l declare	e under penalty of perjury tha dge and belief, it is true, corre	t I have examine	ed this report, includir	ng accompar	nying do	ocuments, ar	d to th	ne best of my		
专儿	Luch Lellan Elnor Tillson Executive Director						11/14/2003			
Signatur	e of authorized officer	Printed Nam			Title				Date	

Flist
SETA
Pattye Donley
925 Del Paso Blvd.
Sacramento, CA 95815
(916) 263-3800
Fax (916)263-3918
FBT
Victor Contreras
1590 North A St.
Sacramento, CA 95814
(916)874 4351
Fax (916)874-4343
FEMA
Eleanor Contryman
CA Housing & Community Development
Federal Emergency Shelter Grant Program
1800 Third Street, Suite 390-4
Sacramento, CA 94252-2054
Fax (916) 323-6016
econtrym@hcd.ca.gov